## B22A (Official Form 22A) (Chapter 7) (01/08) In re Seth Muraskin According to the calculations required by this statement: Debtor(s) ☐ The presumption arises ☑ The presumption does not arise Case Number: (Check the box as directed in Parts I, III, and VI of this statement. (If known) **CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME** AND MEANS-TEST CALCULATION In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only. Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. 1A Uveteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)). If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII, Do not complete any of the remaining parts of this statement. 1B □ Declaration of non-consumer debts. By checking this box. I declare that my debts are not primarily consumer debts. Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. a. 🔲 Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the Column A Column B six calendar months prior to filing the bankruptcy case, ending on the last day of the month Debtor's Spouse's before the filing. If the amount of monthly income varied during the six months, you must Income Income divide the six-month total by six, and enter the result on the appropriate line. 3 Gross wages, salary, tips, bonuses, overtime, commissions. \$ \$0.00 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business

\$ 22,500.00

Subtract Line b from Line a

\$14.777.00

\$0.00

\$ 7.723.00

expenses entered on Line b as a deduction in Part V.

Ordinary and necessary business expenses

Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include

any part of the operating expenses entered on Line b as a deduction in Part V.

Gross Receipts

Business income

b.

| 1 30           | Га.  | Gross Receipts   | ···   | I # 0.00  |   | <del></del>                           |
|----------------|--|--|---|---|---|---------------------------------------|
|                | b.   | Ordinary and necessary operating expenses  | <u> </u>  | \$ 0.00   | 41  |                                       |
| and the second | c.   | Rent and other real property income  | ····  | \$ 0.00 Subtract Line b from Line a   | -   \$o.oo  | \$0.00                                |
|                | 1=   | The transfer real property modifie   |   | Subtract Line billoin Line a  |   |                                       |
| - 6            | Intere   | st, dividends, and royalties.  | \$0.00  | \$0.00  |   |                                       |
| 1              | Pensi  | on and retirement income.  |   | •   | \$0.00  | \$0.00                                |
| . 8            | Any ar   | nounts paid by another person or enti  | ty, on a regular ba   | sis, for the household  |   |                                       |
| 5951           | expent<br>that pu  | ses of the debtor or the debtor's dependence.  Do not include alimony or separations if Column B is completed.   | ndents, includina   | child support paid for  | \$0.00  | \$0.00                                |
| 9              | Hower<br>was a   | ployment compensation. Enter the amover, if you contend that unemployment contend that unemployment contend the Social Security Act, do an A or B, but instead state the amount in   | ompensation receive<br>not list the amount  | ed by you or your shouse  |   |                                       |
|                | Unen<br>be a   | nployment compensation claimed to benefit under the Social Security Act  | Debtor \$   | Spouse \$   | \$0.00  | \$0.00                                |
|                | Securi   | ny or separate maintenance. Do not in<br>ty Act or payments received as a victim of<br>of international or domestic terrorism.   | of a war crime, crim  | e against humanity, or as   | a   | ,                                     |
|                | Total a  | ind enter on Line 10.  |   |   |   |                                       |
| 多多多            |  | ind enter on Line 10.  |   |   | \$0.00  | \$0.00                                |
| 11             | Subto<br>if Colu   | tal of Current Monthly Income for § 70'<br>mn B is completed, add Lines 3 thru 10 in   | <b>7(b)(7).</b> Add Lines 3<br>n Column B. Enter t  | 3 thru 10 in Column A, and,<br>he total(s).   | ·   | \$0.00                                |
| 12             | if Colu  Total (   | tal of Current Monthly Income for § 70   | n Column B. Enter t   | he total(s).  | \$14,777.00   | \$0.00                                |
|                | if Colu  Total (   | tal of Current Monthly Income for § 70°<br>mn B is completed, add Lines 3 thru 10 in<br>Current Monthly Income for § 707(b)(7)<br>lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  | n Column B. Enter to the column B has been total. If Column   | he total(s).  | \$14,777.00   | \$0.00                                |
| 12             | Total (11, Coenter t   | tal of Current Monthly Income for § 70°<br>mn B is completed, add Lines 3 thru 10 in<br>Current Monthly Income for § 707(b)(7)<br>lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  | n Column B. Enter to be a column B has be the total. If Column ATION OF § 707   | he total(s). een completed, add Line B has not been completed, (b)(7) EXCLUSION   | \$14,777.00<br>\$ 14,777.00   | \$0.00                                |
| 12             | Total (11, Co enter the Applic   | tal of Current Monthly Income for § 70'mn B is completed, add Lines 3 thru 10 in Current Monthly Income for § 707(b)(7) lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  Part III. APPLICATION OF S 7  | n Column B. Enter to be a column B has be the total. If Column ATION OF § 707 (b)(7). Multiply the edian family income for                              | the total(s).  een completed, add Line B has not been completed,  (b)(7) EXCLUSION  e amount from Line 12 by the  | \$14,777.00<br>\$ 14,777.00   | \$0.00                                |
| 12             | Total (11, Co enter the Application of the Information of the Informat | tal of Current Monthly Income for § 70'mn B is completed, add Lines 3 thru 10 in Current Monthly Income for § 707(b)(7) lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  Part III. APPLIC.  Ilized Current Monthly Income for § 7 e result.  able median family income. Enter the median family income.  | n Column B. Enter to  i. If Column B has be the total. If Column  ATION OF § 707  707(b)(7). Multiply the edian family income foov/ust/ or from the cle | the total(s).  een completed, add Line B has not been completed,  (b)(7) EXCLUSION  e amount from Line 12 by the  | \$14,777.00<br>\$ 14,777.00   | \$0.00                                |
| 12             | Total (11, Co enter the Application of the Applicat | tal of Current Monthly Income for § 70 mn B is completed, add Lines 3 thru 10 in Current Monthly Income for § 707(b)(7) lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  Part III. APPLICATION APPLI | n Column B. Enter to  i. if Column B has been been been been been been been bee   | een completed, add Line B has not been completed,  (b)(7) EXCLUSION  e amount from Line 12 by the properties of the applicable state and hours of the bankruptcy court.)  er debtor's household size: 4                                   | \$14,777.00<br>\$ 14,777.00   | \$0.00                                |
| 12             | Total (11, Coon enter the Application of Applicatio | tal of Current Monthly Income for § 70 mn B is completed, add Lines 3 thru 10 in Current Monthly Income for § 707(b)(7) lumn A to Line 11, Column B, and enter the amount from Line 11, Column A.  Part III. APPLIC.  Ilized Current Monthly Income for § 7 e result.  able median family income. Enter the matter than its available by family size at www.usdoj.godebtor's state of residence: NY  | n Column B. Enter to b. Enter to b. Enter to column B has been been been been been been been bee  | een completed, add Line B has not been completed, (b)(7) EXCLUSION e amount from Line 12 by the or the applicable state and hou rk of the bankruptcy court.) er debtor's household size: 4 ed as directed.  Int on Line 14. Check the be- | \$ 14,777.00<br>\$ 14,777.00<br>e number 12 and<br>sehold size. (This | \$0.00<br>\$177,324.00<br>\$77,664.00 |

|     | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)   |   |                       |         |   |                                   |             |  |
|-----|--|---|-----------------------|---------|---|-----------------------------------|-------------|--|
| 16  | Enter the amount from Line 12.   |   |                       |         |   |                                   |             |  |
| 17  | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments or a separate page. If you did not check box at Line 2.c, enter zero.  |   |                       |         |   |                                   |             |  |
|     | a.   |   |                       |         | \$  |                                   |             |  |
|     | Total  | and enter on Line 17.                                     |                       |         |   |                                   | \$ 0.00     |  |
| 18  | Curren   | t monthly income for § 707                                | (b)(2). Subtract Line | e 17 fr | om Line 16 and enter the result.                                  |                                   | \$14,777.00 |  |
|     |  | Part V. CA  | LCULATION O           | F DE    | EDUCTIONS FROM INCO   | ME                                |             |  |
|     |  | Subpart A: Deduct   | ions under Stane      | dard    | s of the Internal Revenue Se                                      | rvice (IRS)                       |             |  |
| 19A | Nationa  | al Standards for Food, Clothi                             | ng and Other Item     | s for   | er in Line 19A the "Total" amou<br>the applicable household size. | int from IRS<br>(This information | -           |  |
|     | ıs avaıl   | able at <u>www.usdoj.gov/ust/</u> o                       | r from the clerk of   | the b   | ankruptcy court.)   |                                   | \$ 1,370.00 |  |
| 198 | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards fo Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards fo Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available a <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members o your household who are under 65 years of age, and enter in Line b2 the number of members of you household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |   |                       |         |   |                                   |             |  |
|     |  | ehold members under 65 y                                  | ears of age           | Ηοι     | sehold members 65 years of  | age or older                      |             |  |
|     |  | llowance per member                                       | 57.00                 | a2.     | Allowance per member  | 144.00                            |             |  |
|     | b1. N  | umber of members  |                       | b2.     | Number of members   |                                   |             |  |
|     | c1. S  | Subtotal  |                       | c2.     | Subtotal  |                                   | \$ 0.00     |  |
| 20A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).  |   |                       |         |   |                                   |             |  |
| 208 | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  |   |                       |         |   |                                   |             |  |
|     | a.   | IRS Housing and Utilities Stan<br>expense                 |                       |         | \$ 1,849.00   | ]                                 |             |  |
|     | b.   | Average Monthly Payment for<br>any, as stated in Line 42. | any debts secured by  | y hom   |   |                                   |             |  |
|     | C.   | Net mortgage/rental expense                               |                       |         | Subtract Line b from Line a                                       | -                                 | \$ 1,849.00 |  |

| 21  | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:  |                |  |  |  |  |  |
|-----|---|----------------|--|--|--|--|--|
|     | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses   |                |  |  |  |  |  |
| 22A | are included as a contribution to your household expenses in Line 8.  | \$ 280.00      |  |  |  |  |  |
| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$ 0.00        |  |  |  |  |  |
| 23  | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the  |                |  |  |  |  |  |
|     | Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs \$0.00   |                |  |  |  |  |  |
|     | b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.  c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a  | \$ 0.00        |  |  |  |  |  |
| 24  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you check the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.    IRS Transportation Standards, Ownership Costs   \$0.00     b.   Average Monthly Payment for any debts secured by Vehicle   \$2, as stated in Line 42     c.   Net ownership/lease expense for Vehicle 2   Subtract Line b from Line a | sed<br>\$ 0.00 |  |  |  |  |  |
| 25  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employme taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   | all            |  |  |  |  |  |
| 26  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average month payroll deductions that are required for your employment, such as retirement contributions, union dues, ar uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  | ly and \$ 0.00 |  |  |  |  |  |
| 27  | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   | \$ 175.00      |  |  |  |  |  |

| J. V. 1200 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that   | vou are              |              |  |  |  |
|------------|---|----------------------|--------------|--|--|--|
| 28         | required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  |                      |              |  |  |  |
| 29)        | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   |                      |              |  |  |  |
| 30         | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.   |                      |              |  |  |  |
| 31         | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  |                      |              |  |  |  |
| 32         | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   |                      |              |  |  |  |
| 33         | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.   | -                    | \$ 10,389.00 |  |  |  |
|            | Subpart B: Additional Living Expense Deductions   | 10 Med - 10 Med -    |              |  |  |  |
|            | Note: Do not include any expenses that you have listed in Lines 19-3  | 32                   |              |  |  |  |
| <b>34</b>  | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the mexpenses in the categories set out in lines a-c below that are reasonably necessary for yoursel or your dependents.  a. Health Insurance \$1,065.00  b. Disability Insurance \$  c. Health Savings Account \$  | lf, your spouse,     |              |  |  |  |
|            | Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$   |                      |              |  |  |  |
| 35         | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.   |                      |              |  |  |  |
| 36         | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  |                      |              |  |  |  |
| 37         | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.   |                      |              |  |  |  |
| 38         | Education expenses for dependent children less than 18. Enter the total average monthly expenses for dependent children less than 18. Enter the total average monthly expenses actually incur, not to exceed \$137.50 per child, for attendance at a private or public element secondary school by your dependent children less than 18 years of age. You must provide you trustee with documentation of your actual expenses, and you must explain why the amoreasonable and necessary and not already accounted for in the IRS Standards. | ntary or<br>our case | \$ 0.00      |  |  |  |

| 39   | Natio  | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |  |  |  |  |           |                   |
|------|--|--|--|--|--|--|-----------|-------------------|
| 40   | Cont   | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   |  |  |  |  |           |                   |
| 11   | Tota   | l Additional Expens  | e Deduction  | s under § 707(b  | ). Enter the total of L  | ines 34 through 40.  | \$        | 1,365.00          |
|      |  |  | s Su   | ibpart C: Deduc  | tions for Debt Pay   | ment   |           |                   |
| 12   | you o<br>Payn<br>total<br>filing                           | own, list the name of the<br>nent, and check whet<br>of all amounts sched  | the creditor,<br>ther the payn<br>uled as contr<br>se, divided b   | identify the prope<br>nent includes tax<br>ractually due to e<br>y 60. If necessar   | erty securing the deb<br>es or insurance. The<br>ach Secured Credito   | ed by an interest in property that<br>t, state the Average Monthly<br>Average Monthly Payment is the<br>or in the 60 months following the<br>es on a separate page. Enter  |           |                   |
|      |  | Name of<br>Creditor  | Property Se  | ecuring the Debt   | Average<br>Monthly<br>Payment  | Does payment include taxes or insurance?   |           |                   |
|      | a.   | Saxon Mortgage<br>Services   | 2 William S<br>Setauket, I   |  | \$ 8,466.67  | ☑ yes ☐ no   |           |                   |
| e de |  |  |  |  |  | Total: Add Lines a, b and c  | \$        | 8 <u>,46</u> 6.67 |
|      | reside<br>you n  | ence, a motor vehicle<br>nay include in your de  | e, or other pro<br>eduction 1/60   | operty necessary<br>Oth of any amoun   | t (the "cure amount")  | he support of your dependents,   |           |                   |
| 13   | you n<br>in add  | ence, a motor vehicle nay include in your de dition to the payments int would include any nd total any such am .   | e, or other pro<br>eduction 1/60<br>s listed in Lin<br>sums in defa<br>ounts in the  | operty necessary Oth of any amoun oe 42, in order to a nult that must be following chart. If   | for your support or to<br>to (the "cure amount")<br>maintain possession<br>paid in order to avoid<br>necessary, list addit   | he support of your dependents,<br>that you must pay the creditor<br>of the property. The cure<br>d repossession or foreclosure.<br>iional entries on a separate  |           |                   |
| 13   | reside<br>you n<br>in ade<br>amou<br>List a<br>page        | ence, a motor vehicle nay include in your de dition to the payments int would include any nd total any such am   | e, or other pro<br>eduction 1/60<br>s listed in Lin<br>sums in defa<br>ounts in the  | operty necessary Oth of any amoun oe 42, in order to a nult that must be following chart. If   | for your support or to<br>t (the "cure amount")<br>maintain possession<br>paid in order to avoic   | he support of your dependents, that you must pay the creditor of the property. The cure d repossession or foreclosure. iional entries on a separate  | 7,100     |                   |
|      | reside<br>you n<br>in add<br>amou<br>List a                | ence, a motor vehicle nay include in your de dition to the payments int would include any nd total any such am .   | e, or other pro<br>eduction 1/60<br>s listed in Lin<br>sums in defa<br>ounts in the  | operty necessary Oth of any amoun oe 42, in order to a nult that must be following chart. If   | for your support or to<br>to (the "cure amount")<br>maintain possession<br>paid in order to avoid<br>necessary, list addit   | he support of your dependents, that you must pay the creditor of the property. The cure d repossession or foreclosure. tional entries on a separate  1/60th of the Cure Amount \$  |           | 0.00              |
| 3    | reside<br>you n<br>in ade<br>amou<br>List a<br>page<br>a.  | ence, a motor vehicle nay include in your de dition to the payments int would include any nd total any such am . Name of Cree  | e, or other pro<br>eduction 1/60<br>s listed in Lin<br>sums in defa<br>ounts in the  | operty necessary Oth of any amoun te 42, in order to the sult that must be following chart. If  Property S   | for your support or to<br>to (the "cure amount")<br>maintain possession<br>paid in order to avoid<br>necessary, list addite<br>ecuring the Debt  | he support of your dependents, that you must pay the creditor of the property. The cure direpossession or foreclosure. it is a separate  1/60th of the Cure Amount  \$ Total: Add Lines a, b and c   | \$        | 0.00              |
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|             | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION  |                               |  |  |  |  |  |
|-------------|--|-------------------------------|--|--|--|--|--|
| 48          | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))   | \$ 14,777.00                  |  |  |  |  |  |
| 49          | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |                               |  |  |  |  |  |
| 50          | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result  |                               |  |  |  |  |  |
| 51          | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.  |                               |  |  |  |  |  |
| 1000        | Initial presumption determination. Check the applicable box and proceed as directed.   | <u>1</u>                      |  |  |  |  |  |
|             | ☑ The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.  | je 1 of this                  |  |  |  |  |  |
| 52          | ☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of   | of page 1 of this<br>Part VI. |  |  |  |  |  |
|             | ☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Pa through 55).   | rt VI (Lines 53               |  |  |  |  |  |
| 53          | Enter the amount of your total non-priority unsecured debt   | \$                            |  |  |  |  |  |
| 54          | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.   | \$ 0.00                       |  |  |  |  |  |
|             | Secondary presumption determination. Check the applicable box and proceed as directed.   |                               |  |  |  |  |  |
| 55          | The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not are of page 1 of this statement, and complete the verification in Part VIII.   | se" at the top                |  |  |  |  |  |
|             | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  | ption arises" at              |  |  |  |  |  |
|             | Part VII. ADDITIONAL EXPENSE CLAIMS  | English Commission            |  |  |  |  |  |
| <b>56</b> K | Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |                               |  |  |  |  |  |
|             | Expense Description Monthly Amount   |                               |  |  |  |  |  |
|             | a.   | -                             |  |  |  |  |  |
|             | Part VIII: VERIFICATION  |                               |  |  |  |  |  |
| 57          | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joir both debtors must sign.  Date:  Signature:  Seth Muraskin, (Debtor)  | t case,                       |  |  |  |  |  |